

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY****CERTIFICATE OF  
OVERDUE SUPPORT****CASE NO.**

Friend of the Court address

Court telephone no.

Plaintiff's name and address

**v**

Defendant's name and address

1. Name of payer: \_\_\_\_\_

2. Date of support order: \_\_\_\_\_

3. I certify that as of \_\_\_\_\_ the overdue support and other obligations on the records of the friend  
Date  
of the court were:

Type of Payment	Current Amount	Frequency of Payment	Overdue Amount
a. Child Support			
b. Spousal Support			
c. Fixed Obligation			
d. Confinement/ Medical Expenses			
e. Service Fees			
f. Other			
Total			

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
Name (type or print)\_\_\_\_\_  
Title

The support order in this case requires payment through the State Disbursement Unit. The friend of the court (at the above address) should be notified of any collections made as a result of this certification.